

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town or Plantation Lamoine  
 Street or Subdivision Lot # 7 Raccoon Cove Rd.

## PROPERTY OWNER(S) NAME

Last: Hass First: Blake

Applicant Name: Roger Williams

Mailing Address of Owner/Applicant (if Different) 71 Macdonald Ave. Can. Hudson, Me. 04449

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit.

Roger Williams  
 Signature of Owner/Applicant

8/25/16  
 Date

Department of Health and Human Services  
 Division of Environmental Health

Town/City LAMOINE Permit # 12310  
 Date Permit Issued 8/25/16 Fee: \$ 40.00 Double Fee Charged [ ]  
[Signature] Local Plumbing Inspector Signature L.P.I. # 1040  
 Fee: \$ \_\_\_\_\_ State min. fee \$ \_\_\_\_\_ Locally adopted fee \_\_\_\_\_  
 Copy: [ ] Owner [ ] Town [ ] State Map # 5 Lot # 4-12 Local

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

## PERMIT INFORMATION

### This Application is for

1. ☒ NEW PLUMBING  
 2. ☐ RELOCATED PLUMBING

### Type of Structure to be Served

1. ☐ SINGLE FAMILY RESIDENCE  
 2. ☒ MODULAR OR MOBILE HOME  
 3. ☐ MULTIPLE FAMILY DWELLING  
 4. ☐ OTHER-SPECIFY \_\_\_\_\_

### Plumbing to be Installed by:

1. ☒ MASTER PLUMBER  
 2. ☐ OIL BURNERMAN  
 3. ☐ MFG'D HOUSING DEALER / MECHANIC  
 4. ☐ PUBLIC UTILITY EMPLOYEE  
 5. ☐ PROPERTY OWNER

LICENSE # 19570007196

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Column 2<br>Number<br>Type of Fixture  | Column 1<br>Number<br>Type of Fixture                   |
|--|--|---|
| <input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. | <input type="checkbox"/> 2 Hosebib / Silcock   | <input type="checkbox"/> Bathtub (and Shower)           |
|  | <input type="checkbox"/> Floor Drain   | <input type="checkbox"/> Shower (separate)              |
|  | <input type="checkbox"/> Urinal  | <input type="checkbox"/> Sink                           |
|  | <input type="checkbox"/> Drinking Fountain   | <input type="checkbox"/> Wash Basin                     |
|  | <input type="checkbox"/> Indirect Waste  | <input type="checkbox"/> Water Closet (Toilet)          |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system   | <input type="checkbox"/> Water Treatment Softener, Filter, Etc.  | <input type="checkbox"/> Clothes Washer                 |
|  | <input type="checkbox"/> Grease / Oil Separator  | <input type="checkbox"/> Dish Washer                    |
|  | <input type="checkbox"/> Roof Drain  | <input type="checkbox"/> Garbage Disposal               |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines drains, and piping without new fixtures.   | <input type="checkbox"/> Bidet   | <input type="checkbox"/> Laundry Tub                    |
|  | <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Water Heater                   |
|  | <input type="checkbox"/> Fixtures (Subtotal) Column 2  | <input type="checkbox"/> Fixtures (Subtotal) Column 1   |
|  |  | <input type="checkbox"/> 2 Fixtures (Subtotal) Column 2 |
|  |  | <input type="checkbox"/> 12 TOTAL FIXTURES              |
|  |  | <input type="checkbox"/> Fixture Fee                    |
|  |  | <input type="checkbox"/> Transfer Fee                   |
|  |  | <input type="checkbox"/> Hook-Up & Relocation Fee       |
|  |  | <input type="checkbox"/> 40.5 PERMIT FEE (TOTAL)        |
|  | <input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input checked="" type="checkbox"/> State Copy |   |